Painful oculomotor nerve palsy due to lymphocytic hypophysitis

A 40-year-old man developed headache and a left oculomotor nerve palsy. MRI revealed diffuse enlargement of the pituitary gland and thickening of the pituitary stalk with strong gadolinium enhancement (figure). CSF examination showed a lymphocytic pleocytosis; there were laboratory findings of panhypopituitarism, but no related symptoms. We administered IV methylprednisolone. The headache and ophthalmoplegia showed a dramatic response, resolving 5 days later. Lymphocytic hypophysitis is characterized by autoimmune inflammation of the pituitary gland,1 usually presenting with headache and visual disturbances in women, rarely with oculomotor nerve palsy.1,2 Glucocorticoids effectively reduce inflammation and support adrenal function.

Jangsup Moon, MD, Ji Soo Kim, MD, PhD, Seoul, Republic of Korea

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Address correspondence and reprint requests to Dr. Ji Soo Kim, Department of Neurology, College of Medicine, Seoul National University, Seoul National University Bundang Hospital, 300 Gumi-dong, Bundang-gu, Seongnam-si, Gyeonggi-do, 463-707, Korea; jisookim@mu.ac.kr

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Jangsup Moon and Ji Soo Kim
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